

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890088

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.	IND.	DEP.	IND.	DEP.
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